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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 1685

First Inventor or Application Identifier Thorsen

Title Healthcare Payment, Reporting and Data Processing System

Express Mail Label No. EJ291801450US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 15]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
4. Oath or Declaration [Total Pages 3]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ * Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other: _____

*** NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).****16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment**☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

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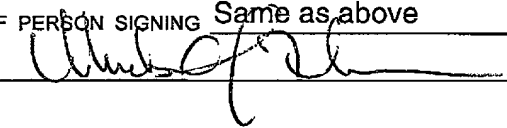
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STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN		Docket Number (Optional) 1685
Applicant, Patentee, or Identifier: <u>M. Thorsen, M. Saeed, J. Hajiani</u>		
Application or Patent No.: _____		
Filed or Issued: <u>Herewith</u>		
Title: <u>President</u>		
I hereby state that I am <input type="checkbox"/> the owner of the small business concern identified below: <input checked="" type="checkbox"/> an official of the small business concern empowered to act on behalf of the concern identified below.		
NAME OF SMALL BUSINESS CONCERN <u>HeathEZ, Inc.</u>		
ADDRESS OF SMALL BUSINESS CONCERN <u>4550 West 77th Street, Suite 240</u> <u>Minneapolis, MN 55435-5007</u>		
I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.		
I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:		
<input checked="" type="checkbox"/> the specification filed herewith with title as listed above. <input type="checkbox"/> the application identified above. <input type="checkbox"/> the patent identified above.		
If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).		
Each person, concern, or organization having any rights in the invention is listed below: <input checked="" type="checkbox"/> no such person, concern, or organization exists. <input type="checkbox"/> each such person, concern, or organization is listed below.		
Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)		
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))		
NAME OF PERSON SIGNING <u>Michael J. Thorsen</u>		
TITLE OF PERSON IF OTHER THAN OWNER <u>President</u>		
ADDRESS OF PERSON SIGNING <u>Same as above</u>		
SIGNATURE <u></u>		DATE <u>5-20-99</u>

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Healthcare Payment, Reporting and Data Processing System and Method
Field of the Invention

The present invention relates generally to a system for the payment of healthcare benefits and for generating reports for health care providers, patients and employers about the payment of healthcare benefits. More particularly, the present invention relates to a computer implemented and streamlined system to assist employers who offer their employees health benefits on a employer-insured basis by collecting and maintaining data regarding services provided to patients, paying health care providers who perform these services, collecting payment from employers and patients, and extending credit to the patients for payment of their portion of the fees.

Background of the Invention

In providing health care benefits to their employees, some employers opt to self-insure. This means that the employer pays for part or all of the health care services that employees receive, in accordance with terms and limitations set by the health plan established by the employer. Typically, such "self-insured" plans are administered by a "third party administrator" (TPA). It is the TPA's function to adjudicate patient/employee claims in accordance with the terms of the health care plan and to bill the employee/patient for the patient's share of the expense.

Health care providers, including physicians, surgeons, hospitals, physical therapists and the like, typically enter into contracts with health care networks. These contracts provide that in exchange for membership in the network, the provider will provide services at a specified discount. Network membership theoretically is a vehicle for building and maintaining a patient base, thereby reducing the need for providers to market their services on their own.

The typical process for tracking activities and funds in the administration of a health care plan is complex. The following example of current practice will illustrate the process. An employee is employed by a company. The company provides a health plan that provides a particular benefit to the employee if the employee sees providers in a specified network. Assume that the employee visits a doctor in the network for an examination. The doctor sends a bill to the administrator of the network and a statement to the employee/patient. The statement to the patient typically bears an indication that the patient is not to make a payment in response to the statement and

that a claim has been submitted to their employer's administrator. The network administrator calculates a discount based on its contractual arrangement with the doctor. The network administrator then sends the repriced bill to the plan administrator for the employer. The plan administrator reviews the services provided, compares this to the benefits provided by the plan and determines what portion, if any the employer is to pay, and which portion the employee is to pay. The plan administrator sends a report to the employer and the employer then makes a payment to the plan administrator. The plan administrator then sends an "explanation of benefits" statement to the employee/patient. The plan administrator sends a check to the doctor and the doctor bills the patient/employee for the remaining amount due. The member then pays the doctor.

This process is rife with inefficiencies, disadvantages and delays. For example, the time period between the patient's visit and the payment to the physician can be very long; it is typically 3-4 months before the physician receives complete payment for his/her services including both the employer's contribution and the employee's.

Further, the time period between the patient's visit to the doctor and receipt of an actual bill is extensive, typically over 2 to 3 months; by which time the patient has forgotten about the services provided and therefore may be unlikely to pay the bill immediately, but rather needs to check their records to satisfy themselves that the bill is accurate and that they have not already paid it. Typically this bill looks similar to the "statement" they received months earlier that they were not supposed to pay. This increases the patient's confusion and can result in further delaying payment to the provider. Consequentially, until the patient receives the final bill, many months after their visit to the doctor, he/she has little idea of how much they will be expected to pay. This makes budgeting difficult and further reduces the odds that the patient will be able to pay the amount due in a timely fashion. In addition, the employee receives separate bills for every episode of health care services. For example, if three members of the employee's family are covered under the health plan and they each visit a doctor for an examination during the course of one month, the employee will receive three separate statements and ultimately three separate bills. This compounds the confusion in an already confusing process, and the greater the confusion the greater the amount that health care providers can lose in unpaid patient bills.

Health bills can be substantial, and employees may not be able to pay large amounts in a lump sum which currently is the only option provided by most health care providers. The employee may take several months to save enough to make the large payment before forwarding it to the doctor, further delaying the doctor's recompense.

In addition, the employer receives separate bills for every incidence of an employee seeking health care. The employer must make payments to the plan administrator that coincide with or are correlated with each specific bill for services from a health care provider.

Health care providers must provide billing information to the network administrator, but also must attend to ultimately billing the patient and collecting the patient's portion of the fee. Collection is a sensitive problem for many providers, because they do not wish to alienate their patients. It is often easier to forego the collection of the patient's portion which is typically significantly smaller than the employer's portion, for the sake of a continuing relationship with the patient through which the health care provider can receive the lion's share of the payment from the employer.

Each claims follows a serial path, often with delays at every step in the path.

Health care costs are inflated to account for these and other inefficiencies and disadvantages in this current system. What is needed is a system and method by which claims are processed in a streamlined fashion and in which various aspects of the claim processing process occur in parallel. What is further needed is a system and method by which providers are paid promptly; clear and simple bills are provided to patients; employers are relieved of the burden of tracking individual health care incidences; payment is made easier and therefore more likely for patients by the extension of credit; and, in general, reducing the number of communications of all types associated with each health care transaction and to lower barriers to fast and complete payment of health care bills.

Summary of the Invention

A method and system of administering health care benefits according to the present invention makes a single entity the focal point for all transactions associated with the administration of health care benefits. For purposes of this description, this

entity will be called the "benefits administrator" or "administrator". Under the system of the present invention, the administrator performs a variety of functions to streamline the process of processing payments and handling information stemming from the provision of health care services in the context of self-insured plans funded primarily by employers for their employees.

According to a preferred embodiment of the present invention, an employee has health benefits through a "self-insured" employer. The plan covers the employee and their family members. A patient visits a network health care provider. The patient might be the employee him/herself or any covered family member, but will hereafter be identified as the "employee." The employee displays a card to the health care provider that identifies the employee and the administrator. The health care provider examines, treats or otherwise provides service to the employee. The provider then sends a claim form for those services to the administrator. The health care provider does not send a statement or bill to the employee or to the employee's employer.

The administrator reports to the employer on a regular basis, preferably weekly, with an aggregate amount for services rendered under the employer's health plan. The employer pays the aggregate amount to the administrator. While detailed reports of services rendered to employees is available to the employer, the employer is not burdened with individual statements or reports each time a service is rendered.

The administrator aggregates all paid claims in a given month by employee and their family members covered by their plan into a consolidated statement. The administrator sends the employee a monthly statement of which the first page resembles a credit card bill, listing all services paid for the family for the time period. The second and subsequent pages sorts the services received by family member and describes the services provided in plain English rather than in the alpha-numeric codes typically used in the processing of health care benefits. The report also includes year-to-date summaries of health care services, including employer payments, employee deductibles, coinsurance and out-of-pocket amounts, for each family member. The employee pays the bill by the specified due date in whole or, at the employee's option, in installments with interest. In other words, the employee's health care benefits are billed and collected by the administrator in a manner analogous to the way credit card companies bill and collect. Credit card companies aggregate bills from all businesses where the credit card is used during a specified period; they collect partial or full

payment from the card holder, charge interest for partial payment and pay funds to the businesses where the card holder made purchases.

The administrator aggregates all adjudicated claims for the provider over a period of time and promptly pays the health care provider the aggregate amount regardless of whether the health care provider has received payment from the employee. In this way, the administrator passes along the employer's contributions for the claims in the time period and "floats" the employees' portions of the claims. The health care provider does not, at any time, bill the employee nor does the provider attend to collecting from the patients.

A number of contractual relationships undergird the system. An administrator enters into a contractual relationship with an employer to provide administrative services in exchange for a service fee. Health care providers enter into contracts to be members of networks in exchange for providing services at a discounted rate. Benefit administrators contract with networks to receive their negotiated discounts to pass on to the employers' benefit plans for which they administer health care claims. Employers and employees have a pseudo-contractual arrangement whereby the employer provides salary and health care benefits to the employee in exchange for the employee's time and labor.

Brief Description of the Drawings

An exemplary version of a system and method for administering health benefits is shown in the figures wherein like reference numerals refer to equivalent structure throughout, and wherein:

FIG. 1 is a schematic representation of a preferred system and method according to the present invention;

FIG. 2 is a more detailed schematic representation of the system and method of FIG. 1;

FIGS. 3a and 3b are a flow chart illustrating the system and method of FIGS. 1 and 2;

FIGS. 4a and 4b are a depiction of the claim forms submitted by a health care provider to an administrator according to the present invention;

FIG. 5 is a depiction of a report (Explanation of Payment) provided by an administrator to a health care provider according to the present invention;

FIG. 6 is a depiction of a report ("Funding Request") provided to an employer in accordance with the system and method of the present invention;

FIGS. 7a and 7b are a depiction of a report ("Consolidated Statement") provided to a covered employee in accordance with the system and method of the present invention; and

FIG. 8 is a depiction of hardware and software used according to a preferred embodiment of the present invention.

Detailed Description of Preferred Embodiment(s)

A preferred method and system of administering health care benefits is illustrated conceptually in FIG. 1. Under the system of the present invention, an administrator 10 performs a variety of functions to streamline the process of processing payments and handling information stemming from the provision of health care services in the context of self-insured plans funded primarily by employers for their employees.

An employer 12 provides a health care plan to its employees and their family members. A employee 12 covered by an employer's health plan visits a health care provider 20. According to the system and method of the present invention, the employee 15 displays a card 25 to the health care provider 20 that identifies the employee 15 and the administrator 10. The health care provider 20 examines, treats or otherwise provides service 26 to the employee 15. The provider 20 then sends a charge or claim form 30 for those services to the administrator 10. An example of a claim form 30 is illustrated in FIGs. 4a and 4b. The form 31 illustrated in FIG. 4a shows FORM RRB-1500, a standard form used in the industry. The form 32 illustrated in FIG. 4b is Form UB-92 HCFA-1450, another standard form used in the industry. The health care provider 20 does not send a statement or bill to the employee or to the employee's employer.

The preferred system and method includes a primary funding process for receiving funds from the employer and depositing funds in an aggregate fund. The administrator 10 reports 40 to the employer 12 on a regular basis, preferably weekly, with an aggregate amount for the services rendered under the employer's health plan. The employer 12 then pays 45 the aggregate amount to the administrator 10. While detailed reports of services rendered to each employee 15 is available to the employer

12, the employer 12 is not burdened with individual statements of reports each time a service is rendered.

The preferred system includes a payment process for paying provider claims for services delivered to an employee from an aggregate fund. The administrator 10 aggregates all claims from the provider 20 for all employees covered by plans administered by the administrator 10 over a period of time and promptly pays 35 the health care provider 20 the aggregate amount received from employers, preferably within 2 weeks. This payment is preferably made promptly even though a portion of the claim to be paid by the employee 15 has not yet been collected. The administrator 10 gives the provider 20 a report, such as the "explanation of payment" report 21 illustrated in FIG. 5, that lists all claims for a period. The report 21 identifies each claim by claim number for the provider's convenience in recording payment in his/her own accounting system. The report 21 further lists the amount being paid by the administrator 10 and the amount owed by the employee 15. One convenient manner for making the payment to the provider is to have a check 22 as an integral, perforated part of the explanation of payment 35.

The preferred system and method include a secondary funding process for receiving employee contribution funds. With reference to FIG. 1, the administrator 10 aggregates all bills for health care provided to an employee 15 and his/her family members covered by their plan for a period, preferably one month. The administrator 10 sends the employee 15 a monthly bill 50 that resembles a credit card bill, listing all services provided for the family for the time period. An exemplary monthly bill 50 is illustrated in FIGS. 7a and 7b. The bill includes a consolidated statement 51 shown in FIG. 7a and a Detailed Explanation of Benefits 52 shown in FIG. 7b. Preferably the consolidated statement 51 includes year-to-date summaries of health care services provided for the family for the year. The Detailed Explanation of Benefits 52 lists all services provided for family members during the billing period. Preferably, the report sorts the services provided by family member. The description of services provided is in plain English rather than in the alpha-numeric codes typically used in the processing of health care benefits. The report shows the amount paid by the employer for each claim and summarizes the employers payments for the billing period and year. As described below, employees may receive both portions 51 and 52 of the bill or just the

Detailed Explanation of Benefits 52 depending on their participation in the credit option offered by the administrator.

In the preferred system and method, a tertiary funding process acquires funds from a credit source to complete the employee's contribution. As diagrammed in FIG. 1, the employee 15 pays 55 the bill 50 by the specified due date in whole or, at the employee's option, in installments with interest.

The primary funding process, the secondary funding process, and the tertiary funding process are coupled to the payment process. The secondary funding process and tertiary funding process occur "in parallel with" the payment process. In other words, the administrator 10 pays the provider 20 regardless of whether the administrator 10 has collected the employee's contribution from the employee 15.

FIG. 1 schematically illustrates the flow of information and funds between and amongst the administrator, the provider, the employer and the employee. This is also illustrated in FIG. 2. FIG. 2 further illustrates internal functions performed by the administrator in a preferred system and method. In addition to the functions discussed above, the administrator 10 performs several auxiliary functions. When a charge slip or claim form 30 is sent by the provider 20 to the administrator 10, the administrator compares the charges to the discounted charges set forth by contract between the provider and the administrator, directly or indirectly through a network. The administrator then re-prices 65 the claim to conform with previously agreed-upon prices for each service rendered.

The re-priced claim is then "adjudicated" 70. Adjudication involves determining how much an employer and an employee each must pay for the service rendered. This involves a comparison of the service provider to the list of preferred providers as specified by the health plan to determine whether the service provider is "in-network" or not. Adjudication further involves comparing the services rendered with the employer's health plan to determine whether a claim is covered and to what extent and how liability is apportioned between employer and employee.

The administrator 10 manages funds 75 received from the employer and from the employee. Funds received from employers are placed in an account 76 and held until forwarded to the appropriate providers. Additionally, the administrator 10 maintains a credit pool 80 from which the administrator 10 pays the employees' portions to providers.

The funds management function 75 further includes maintaining and organizing data regarding amounts received from an employee and the amounts contributed by employers and using this information to generate or produce 81 statements 50 set to the employee 15.

FIGS. 3a and 3b present a preferred system and method according to the present invention in flow-chart format and in greater detail. Generally, this diagram illustrates the process a single claim follows as it flows through the system, although some of the steps involve the aggregation of more than one claim. The diagram represents the administrator's role in the process. A claim on a claim slip is mailed or otherwise sent by a provider and is received 101 by the administrator. The claim is date stamped and all claims received on a given day are batched by day 102. Each claim is "entered" into a database for processing using the Health Systems Design Diamond software that runs on a computer 107. Entry may be made by typing by hand or by scanning methods. Next, a determination is made as to whether the claim has come from a network provider 110. If so, the amount of the claim is discounted or re-priced 115 according to contractual agreement direct or indirect between the administrator and the provider. If not, the price on the claim is recorded 117 as is.

Next, the software "adjudicates" the claim 120. This step involves a comparison of the services rendered to the services covered by the employee's health plan. This step further involves the assessment of the portion of the claim that is to be paid by the employer and the portion to be paid by the employee. The completed claims are then "posted" 125 by the Diamond software. The posted data is in a format that can be retrieved by the financial disposition system.

Nightly, the financial disposition system extracts the posted claims from Diamond 130. The financial disposition system audits the claims and generates a report setting forth which claims are "invalid" e.g. for a procedure not covered, which are "questionable" and require further investigation by a person, and which are "clean" in proper order for continued automatic processing 140. The financial disposition system then generates a funding request 141, illustrated in FIG. 6, for aggregated clean claims for each employer 145.

The employer will forward payment of the requested amount within an agreed upon period that is preferably quite short, such as one week. Preferably, the employer transfers money by wire or by other electronic method. When payment is received, or

when its receipt is confirmed by the bank, it is recorded in the financial disposition system and claims against the employer are released 150.

The financial disposition software then performs financial responsibility calculations 155. This calculation identifies the amount that the administrator needs to advance for each employee.

Next, the financial disposition software generates the "explanation of payment" and forwards this to the provider with the administrators payment 160. The payment consists of the employers' portions of claims. In addition, the financial disposition software generates an internal audit report that shows all the components, discounts, employer's portion and employee's portion, for each claim.

The financial disposition system then passes data to The Platinum General Ledger and Accounts Receivable software 165 to record the appropriate accounting entries and audit trail.

The financial disposition system periodically, preferably monthly, processes data to bill the employee. The system determines whether claims are for credit or non-credit client of the administrator 170. If it is a credit client, the system generates an "explanation of benefits", FIG. 7b, and a consolidated statement, FIG. 7a, as indicated at reference number 175. If a non-credit client, the system generates only an explanation of benefits, FIG. 7b only, at reference number 176. The explanation of benefits and statements are then mailed to employees 180 periodically, preferably monthly. Because the statements are issued periodic rather than episodic, the employee sees the report regularly, is familiar with its format and can expect it in the mail. This regularity increases the likelihood that the employee will promptly pay the amount due.

Finally, monthly reports, summarizing the employer's claim payment activity, are completed and distributed 185 and the process is completed 190.

Preferably, the system and method of the present invention are automated through the use of one or more computers running software and storing and processing data in one or more databases. The computer and/or its storage media or medium are linked to one or more printers to print the various reports, statements and checks that are produced by this system and method.

Hardware and software for use in conjunction with the system and method of the present invention are depicted in FIG. 8. An Oracle database 210, in conjunction with a Health Systems Design HSD software 220 and an IVR Eligibility System 230,

performs the functions of enrolling new members, confirming eligibility, managing the provider network, storing fee schedules and re-pricing and adjudicating claims for providers services. An SQL server data base 250 in conjunction with a financial disposition system 260 performs the functions of verifying funding, calculating the credit reserve, preparing the "explanation of payment" for employers, preparing tax forms for providers, and preparing "consolidated statements" and "explanation of benefit" statements for employees. Off-the-shelf Platinum SQL Accounting software 270 is linked to and coordinated with the SQL Server data base 250 and the financial disposition system 260 to process payments, prepare Dunning letters, perform internal accounting functions and conduct financial analysis. Additionally, the Platinum SQL 270 assists with the preparation of the "explanation of benefits" statement for employees. The financial disposition system 260 and the Platinum SQL Accounting package 270 are integrated through a local area network LAN 280. Similarly, the financial disposition system 260 and the Platinum SQL Accounting package 270 are accessible through the LAN 280. With reference to FIGs. 3a and 3b, the Diamond software 220 performs functions 107 - 130. The financial disposition system 260 performs functions 140 - 190.

Efficiencies are achieved if a single entity performs the functions of: receiving and re-pricing providers claims; adjudicating claims; collecting funds from employers; paying the provider; giving the provider an explanation of payment; billing employees; and collecting employee payments. Nevertheless, select functions or groups of functions can be performed by separate entities within the spirit of this invention.

Although an illustrative version of the system and method is shown and described, it should be clear that many modifications to the system and method may be made without departing from the scope of the invention.

WHAT IS CLAIMED IS:

1. A computerized system for tracking healthcare services, making payment to providers for services, and collecting payment from employers and employees for such services, comprising:

- a) a payment process for paying provider claims for services delivered to an employee from an aggregate fund;
- b) a primary funding process coupled to said payment process for replenishing funds disbursed by said payment process, by receiving funds from the employee's employer and depositing said funds in said aggregate fund;
- c) a secondary funding process coupled to said payment process for receiving employee contribution funds said funds payable to said aggregate fund; and
- d) a tertiary funding process coupled to said payment process for acquiring funds from a credit source to complete employee contribution funds.

2. A method for tracking healthcare services, making payment to providers for services, and collecting payment from employers and employees for such services, comprising:

- a) executing a payment process for paying provider claims for services delivered to an employee from an aggregate fund;
- b) executing a primary funding process coupled to said payment process for replenishing funds disbursed by said payment process, by receiving funds from the employee's employer and depositing said funds in said aggregate fund;
- c) executing a secondary funding process coupled to said payment process for receiving employee contribution funds said funds payable to said aggregate fund;
- d) executing a tertiary funding process coupled to said payment process for acquiring funds from a credit source to complete employee contribution funds.

3. A method of health benefit payment and reporting, comprising the steps of:

- a) provider reporting to a first entity the provision of services to a patient;

- b.) said entity reporting to employer on a periodic basis the aggregate amount owed by employer for services rendered for the employer's employees during the period;
- c.) said entity reporting to patient on a periodic basis the amount owed by patient for provider services rendered;
- 5 d.) collecting payment from the employer;
- e.) said entity paying said provider for services within a predetermined time period after the provisions of services,, regardless of whether the entity has received payment from said patient; and
- f.) collecting payment from the patient.

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4. A method of benefit payment and reporting according to claim 3, wherein said entity extends credit to said patient, such that said patient can pay the provider bills in installments, said installments being paid to said entity.

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5. A method of benefit payment and reporting according to claim 4, wherein said entity calculates the risk associated with extending credit to patients, and incorporates the risk into the pricing of its services to employers and physicians.

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6. A data processing system for managing the reporting of services provided and the payment and collection associated with the provision of healthcare services by a healthcare provider to an employee of an employer who provides a health plan for employees, comprising:

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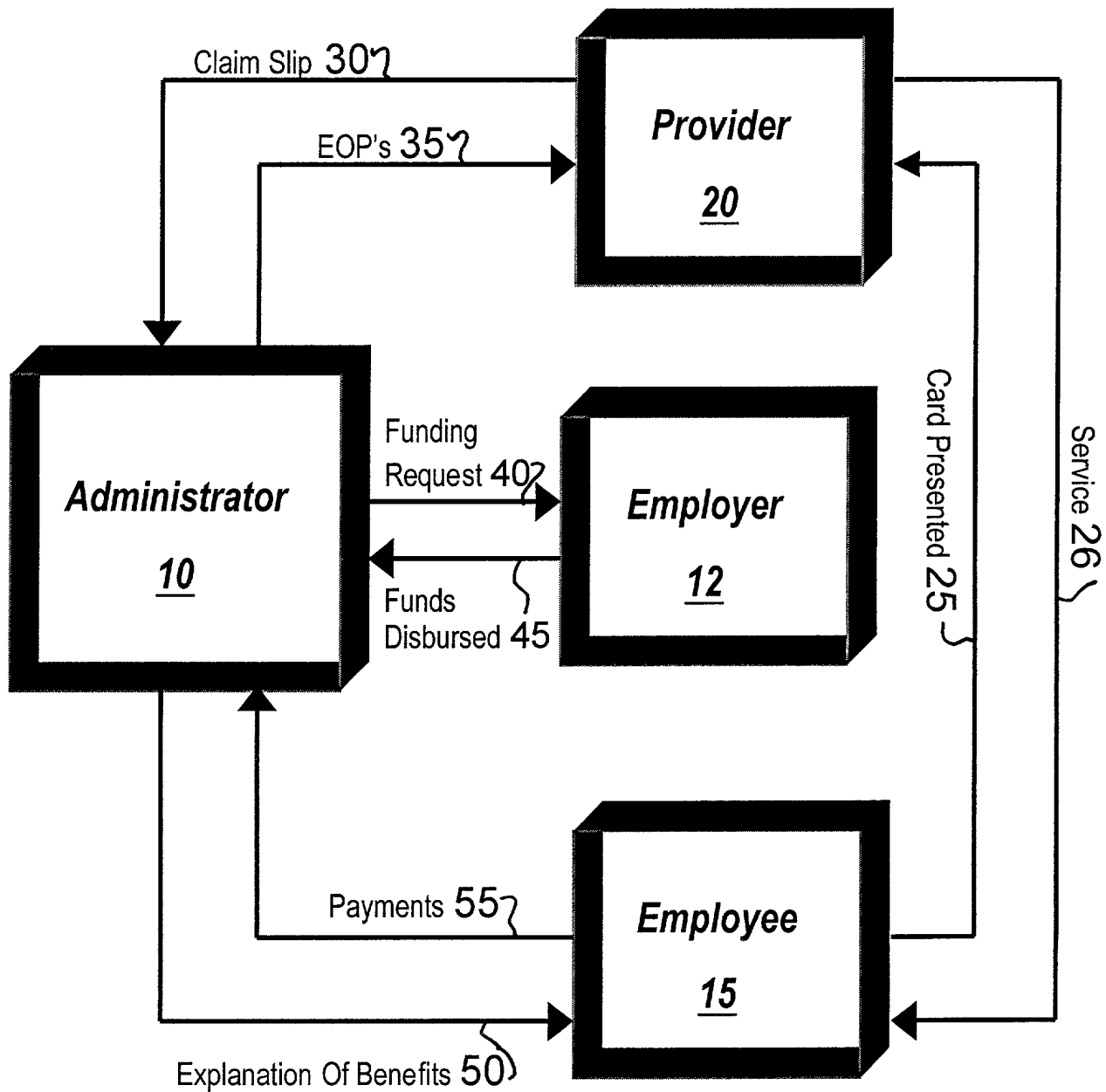
- a.) computer processor means for processing data;
- b.) storage means for storing data on a storage medium;
- 25 c.) first means for processing data regarding services provided by a healthcare provider to a patient;
- d.) second means for processing data regarding employers, their employees and the aggregate of services provided for a particular employer's employees by healthcare providers during a predetermined time period;
- 30 e.) third means for processing data regarding all services rendered during a predetermined time period for each employee, including all people covered under employee's health plan.

7. A data processing system according to claim 6, further comprising:
 - f.) fourth means for generating a report to employer stating the amount owed for the aggregate of all services provided to employees during a predetermined time period;
 - 5 g.) fifth means for generating a report to employees identifying all services provided by all health care providers for all people covered by the health plan for each employee, and stating an amount owed by employee.
8. A data processing system according to claim 6, further comprising:
 - 10 f.) fourth means for making payment to a healthcare provider for services rendered for an employer's employee within two weeks of the provision of services;
 - g.) fifth means for processing data regarding amounts owed to and paid to provider.

Abstract

A system and method for managing of healthcare payments to providers on behalf of self-insured employers and their employees and further for generating and managing information flow amongst providers, employers, employees and an administrator. The system is implemented with software operating on general purpose computers.

FIG. 1



657741 20 3269760

Fig. 2

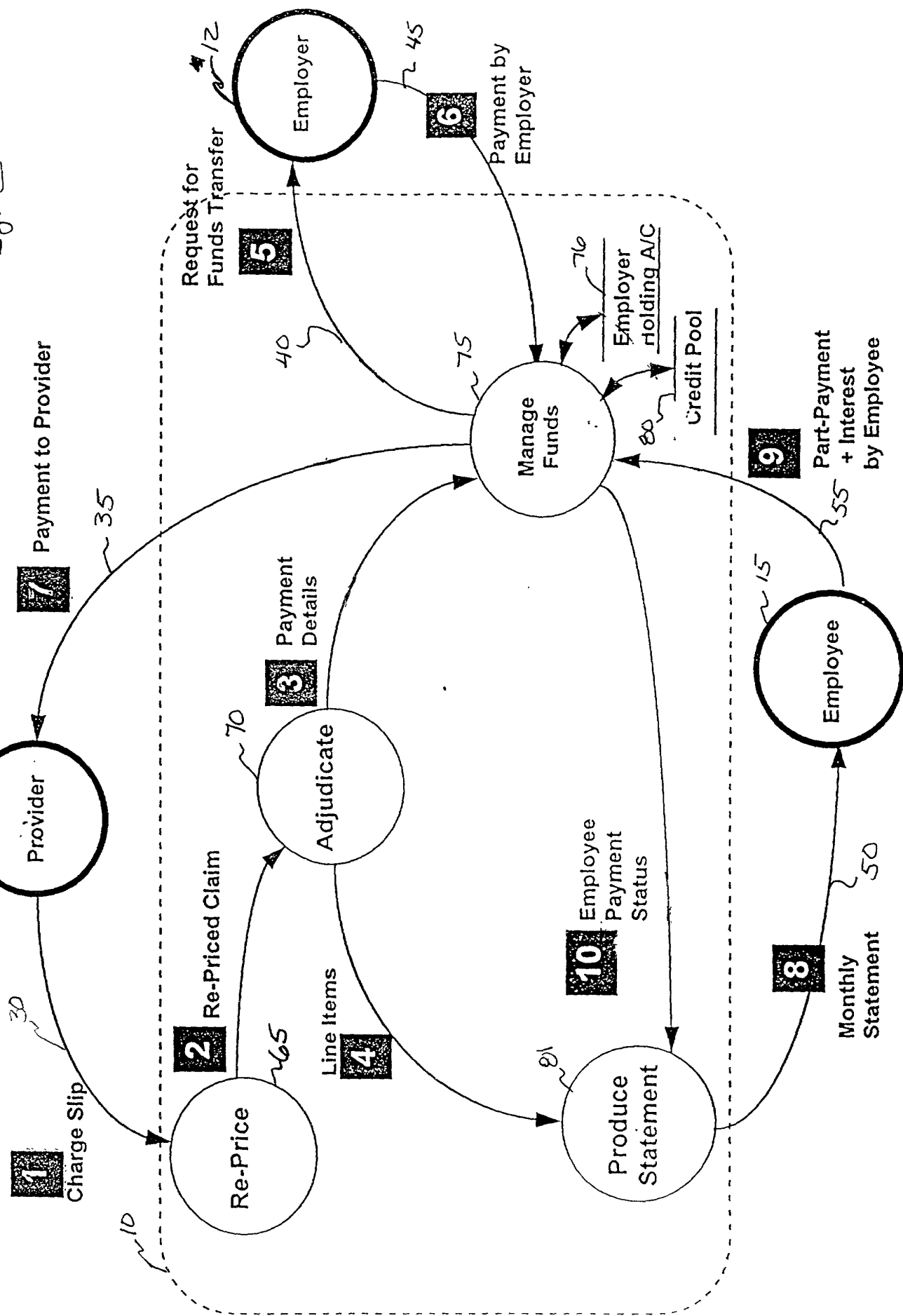


FIGURE 3a.

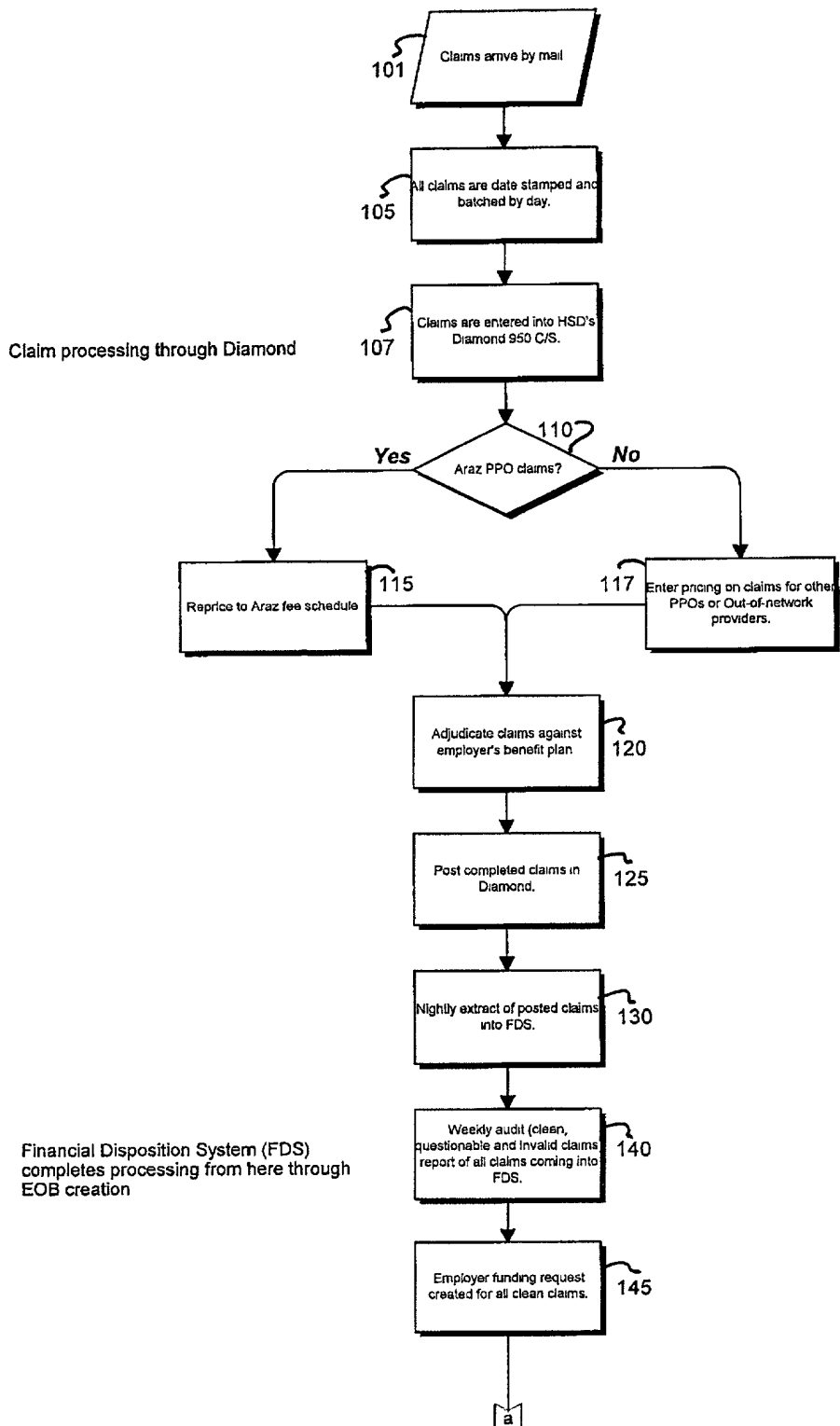
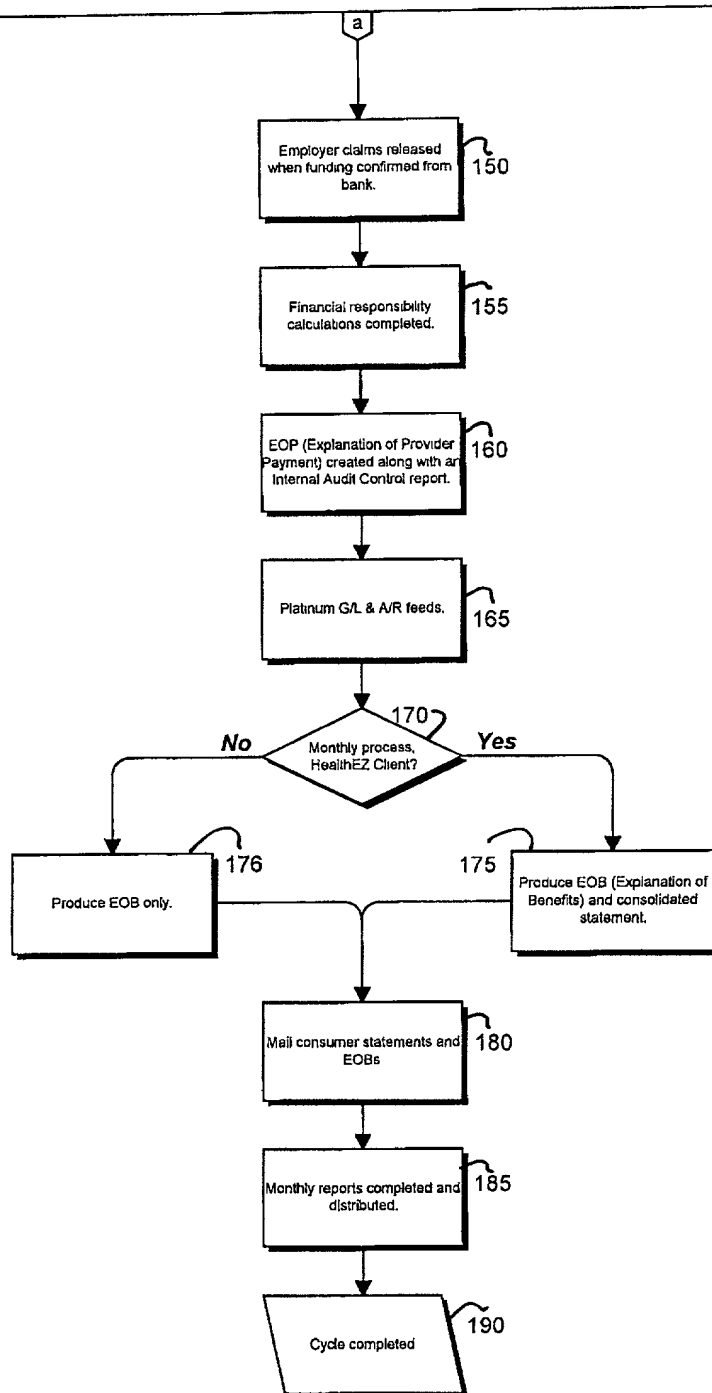


FIGURE 3b.



530

Figure 4a.

31

HEALTH INSURANCE CLAIM FORM

PICA ☐

1. MEDICARE <input type="checkbox"/> (Medicare #) <input type="checkbox"/> MEDICAID <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> CHAMPUS <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> (VA File #) <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> (SSN) <input type="checkbox"/> OTHER <input type="checkbox"/> (ID) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (INCLUDE AREA CODE) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) <input type="checkbox"/> c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME	
c. EMPLOYER'S NAME OR SCHOOL NAME		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.	
d. INSURANCE PLAN NAME OR PROGRAM NAME		12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED DATE	
14. DATE OF CURRENT: <input type="checkbox"/> ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED	
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. _____ 3. _____ 2. _____ 4. _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE To B. Place of Service C. Type of Service D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) (CPT/HCPCS) MODIFIER E. DIAGNOSIS CODE F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. EMG J. COB K. RESERVED FOR LOCAL USE			
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$	
29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE		32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)	
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # PIN# GRP#			

30

Figure 46

32

PROVIDED BY THE STANDARD REGISTER COMPANY

APPROVED QMB NO. 0518-0279																											
1 PATIENT NAME		2 PATIENT ADDRESS		3 PATIENT CONTROL NO.		4 TYPE OF BILL		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 COV D		8 N.C.D.		9 C.I.D.		10 L.R.D.		11							
12 BIRTHDATE		13 SEX		14 MS		15 DATE		16 ADMISSION		17 DATE		18 HR		19 TYPE		20 TIME		21 D NR		22 STAT		23 MEDICAL RECORD NO.		24 CONDITION CODES		25	
26 OCCURRENCE DATE		27		28		29		30		31		32		33		34		35		36		37		38		39	
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628		629		630		631		632		633		634		635		636		637		638		639		640		641	
642		643		644		645		646		647		648		649		650		651		652		653		654		655	
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754		755		756		757		758		759		760		761		762		763		764		765		766		767	
768		769		770		771		772		773		774		775		776		777		778		779		780		781	
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796		797		798		799		800		801		802		803		804		805		806		807		808		809	
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866		867		868		869		870		871		872		873		874		875		876		877		878		879	
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936		937		938		939		940		941		942		943		944		945		946		947		948		949	
950		951		952		953		954		955		956		957		958		959		960		961		962		963	
964		965		966		967		968		969		970		971		972		973		974		975		976		977	
978		979		980		981		982		983		984		985		986		987		988		989		990		991	
992		993		994		995		996		997		998		999		1000		1001		1002		1003		1004		1005	
1006		1007		1008		1009		1010		1011		1012		1013		1014		1015		1016		1017		1018		1019	
1020		1021		1022		1023		1024		1025		1026		1027		1028		1029		1030		1031		1032		1033	
1034		1035		1036		1037		1038		1039		1040		1041		1042		1043		1044		1045		1046		1047	
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1062		1063		1064		1065		1066		1067		1068		1069		1070		1071		1072		1073		1074		1075	
1076																											

ADMINISTRATOR'S
NAME
AND
ADDRESS

FIG 5

PROVIDER'S NAME
AND
ADDRESS

May 6, 1999
Check # 6759
\$105.39

Payment Amount:

Explanation of Payment

Patient Account #	Patient Name (First, Last)	Service Date(s)	Service Code(s)	Units	Billed Charges	Network Discount	PPO	Contract Amt	Non-Covered Benefit	Other	Payment from HealthEZ	Patient Owes	Claim Number
19900101C	XXXXXXXXXX	03/29/99	95115	1	21.00	5.00	ARZ	16.00	0.00	0.00	16.00	0.00	139656
ALLERGY & ASTHMA SPECIALISTS PA					Claim Totals	\$21.00	5.00	\$16.00	0.00	\$0.00	\$16.00	\$0.00	
19900101C	XXXXXXXXXX	04/01/99	89190	1	27.00	13.84	ARZ	13.16	0.00	0.00	13.16	0.00	139656
19900101C	XXXXXXXXXX	04/01/99	99214	1	107.00	30.77	ARZ	76.23	0.00	0.00	76.23	0.00	139656
ALLERGY & ASTHMA SPECIALISTS PA					Claim Totals	\$134.00	44.61	\$89.39	0.00	\$0.00	\$89.39	\$0.00	
Totals					\$155.00	49.61		\$105.39	0.00	\$0.00	\$105.39	\$0.00	

For questions regarding payment on the above claim (s) direct your inquiries to:

Telephone Number 612-338-1935

~~XXXXXXXXXX~~, INC.
"CLAIMS CLEARING ACCOUNT"
4550 W. 77TH ST., SUITE 240
MINNEAPOLIS, MN 55435-5007

6759

May 6, 1999

PAY
TO THE
ORDER OF ~~XXXXXXXXXX~~

ONE HUNDRED FIVE AND 39 / 100

VOID

\$105.39

DOLLARS

~~XXXXXXXXXX~~ BANK

FOR

<6759<

:091014898:

115140:

Funding Request Report

Funding #: 24
Date of Request: 04/22/1999
Group #: 700
Employer:

Figure: 6

667.75 = 33.62 + 136.78 + 245.84

141 2

Vendor

Physician, Clinic or Hospital

Claim #	Date of Service	Billed Amount	HealthEZ Allowed	HealthEZ Discount	Employee Payment	Employer Payment
1090451	08/24/1998	69.50	42.03	27.47	8.41	33.62
1090454	08/24/1998	212.50	170.98	41.52	34.20	136.78
1240836	12/18/1998	352.00	307.30	44.70	61.46	245.84
1262186	01/12/1999	39.00	31.43	7.57	31.43	0.00
1161623	10/26/1998	52.00	52.00	0.00	20.80	31.20
1362612	01/31/1999	68.00	59.49	8.51	59.49	0.00
1332595	02/09/1999	36.00	31.49	4.51	31.49	0.00
1378293	02/07/1999	91.00	91.00	0.00	0.00	91.00
1368611	03/02/1999	42.00	31.43	10.57	6.29	25.14
1380031	03/23/1999	67.00	48.57	18.43	48.57	0.00
1113939	03/23/1998	63.50	63.50	0.00	25.40	38.10
1378338	03/03/1999	46.00	34.30	11.70	34.30	0.00
1367230	03/03/1999	110.75	82.70	28.05	82.70	0.00
1362610	02/12/1999	18.95	16.54	2.41	16.54	0.00
1381278	03/22/1999	200.00	178.48	21.52	162.18	16.30
1135600	10/05/1998	85.00	85.00	0.00	85.00	0.00
1142542	09/28/1998	40.00	31.43	8.57	31.43	0.00
1112141	09/08/1998	39.00	34.30	4.70	6.86	27.44
1139297	10/19/1997	89.10	54.29	34.81	54.29	0.00
1158167	10/23/1998	30.00	22.33	7.67	0.00	22.33
Total:						667.75

fidetial

05/10/1999

Page 4 of 4

PLAN SPONSOR'S LOGO

Fig. 7a

John Doe
555 Oak Street
Anytown, MN 55555

50

Employee ID number 123-45-6789
Statement date 26-Oct-98
New balance 90.00
Credit option minimum payment due 25.00
Payment must be received by 20-Nov-98
Amount enclosed \$

Please detach and return this coupon with your check payable to HealthEZ, Inc

Indicate change in address and/or telephone number below

Street _____
City, State, Zip _____
Phone () _____

(CUT ALONG DOTTED LINE)

New Balance Summary

Previous balance \$ 30.00
Payments & credits \$ 30.00
New transactions \$ 90.00
Finance charges & fees \$ -
New balance as of 10/26/98 \$ 90.00

Credit Available

Credit limit \$ 1,500.00
New balance \$ 90.00
Credit available \$ 1,410.00

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Account & Payment Information

Employee name John Doe
Employee ID number 123-45-6789
Statement date 26-Oct-98
Credit option minimum payment due 25.00
Payment must be received by 20-Nov-98

Your Resources for Help

(612) 896-5451 ~~HealthEZ~~ Customer Service
(888) 588-6516 ~~HealthEZ~~ Customer Service

Transactions for the current period:

Payment Date	Patient	Provider/Svc. Date	Claim Summary*	Due to HealthEZ	Due to Provider
10/02/1998	Jane	OB/GYN & Infertility, PA Edina, MN 09/04/1998	Billed amount 62.00 HealthEZ discount -14.40 Employer payment -32.60 Employee responsibility 16.00	15.00	0.00
10/02/1998	Martha	Metropolitan Pediatrics Edina, MN 09/08/1998	Billed amount 46.00 HealthEZ discount -2.30 Employer payment -28.70 Employee responsibility 16.00	15.00	0.00
10/09/1998	Susan	Metropolitan Pediatrics Edina, MN 09/08/1998	Billed amount 46.00 HealthEZ discount -2.30 Employer payment -28.70 Employee responsibility 16.00	15.00	0.00
10/09/1998	John	Aspen Medical Group Minneapolis, MN 09/28/1998	Billed amount 212.00 HealthEZ discount -85.46 Employer payment -111.54 Employee responsibility 16.00	15.00	0.00
10/16/1998	Robert	South Lake Pediatrics Minnetonka, MN 09/29/1998	Billed amount 62.00 HealthEZ discount -17.11 Employer payment -29.89 Employee responsibility 16.00	15.00	0.00
10/16/1998	Martha	Metropolitan Pediatrics Edina, MN 10/02/1998	Billed amount 64.00 HealthEZ discount -7.00 Employer payment -42.00 Employee responsibility 16.00	15.00	0.00

Total Due to HealthEZ \$ 90.00

*Please see the following page(s) for your detailed explanation of benefits

Rates & Fees

Variable Periodic Rates:
Daily percentage rate (%) 8%
Annual percentage rate (%) \$ -
Average daily balance 30
Number of days in billing cycle

Finance Charges & Fees: \$0.00
Interest charge

1 If you have another health benefit plan which may help you pay your obligations, please call HealthEZ customer service. Please have this statement and the other health plan information available when you call.

PLEASE REFER TO REVERSE SIDE FOR YOUR RIGHTS OF REVIEW AND APPEAL AND AN EXPLANATION OF TERMINOLOGY

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Detailed Explanation of Benefits

Provider/	Claim Number	Service Date(s)	Billed Amount	HealthEZ Discount	Allowed Amount	Not Covered	See Remark	Patient Copay	Patient Deductible	Balance	Patient Coinsurance	Employer Payment	You owe HealthEZ	You owe provider
Patient: JANE	1113579	09/04/1998	48.00	13.70	34.30			15.00			19.30	19.30	15.00	0.00
OB/GYN & Infertility		09/04/1998	14.00	0.70	13.30			0.00			13.30	13.30	0.00	0.00
Tissue Exam			62.00	14.40	47.60			15.00			32.60	32.60	15.00	0.00
Total														
Remarks														

Patient: MARTHA														
Provider/	Claim Number	Service Date(s)	Billed Amount	HealthEZ Discount	Allowed Amount	Not Covered	See Remark	Patient Copay	Patient Deductible	Balance	Patient Coinsurance	Employer Payment	You owe HealthEZ	You owe provider
Metropolitan Pediatrics	1113575	09/08/1998	48.00	2.30	43.70			15.00			28.70	28.70	15.00	0.00
Office Visit			48.00	2.30	43.70			15.00			28.70	28.70	15.00	0.00
Total														
Remarks														

Patient: SUSAN														
Provider/	Claim Number	Service Date(s)	Billed Amount	HealthEZ Discount	Allowed Amount	Not Covered	See Remark	Patient Copay	Patient Deductible	Balance	Patient Coinsurance	Employer Payment	You owe HealthEZ	You owe provider
Metropolitan Pediatrics	1113578	09/08/1998	48.00	2.30	43.70			15.00			28.70	28.70	15.00	0.00
Office Visit			48.00	2.30	43.70			15.00			28.70	28.70	15.00	0.00
Total														
Remarks														

Patient: JOHN														
Provider/	Claim Number	Service Date(s)	Billed Amount	HealthEZ Discount	Allowed Amount	Not Covered	See Remark	Patient Copay	Patient Deductible	Balance	Patient Coinsurance	Employer Payment	You owe HealthEZ	You owe provider
Aspen Medical Group	1117563	09/28/1998	135.00	59.00	76.00			15.00		61.00	61.00	61.00	15.00	0.00
Preventive Visit			40.00	21.00	19.00			0.00		19.00	19.00	19.00	0.00	0.00
EKG			14.00	3.36	10.64			0.00		10.64	10.64	10.64	0.00	0.00
Cholesterol			12.00	1.55	10.45			0.00		10.45	10.45	10.45	0.00	0.00
Urinalysis			11.00	0.55	10.45			0.00		10.45	10.45	10.45	0.00	0.00
Hemoglobin			212.00	85.46	126.54			15.00		111.54	111.54	111.54	15.00	0.00
Total														
Remarks														

Patient: ROBERT														
Provider/	Claim Number	Service Date(s)	Billed Amount	HealthEZ Discount	Allowed Amount	Not Covered	See Remark	Patient Copay	Patient Deductible	Balance	Patient Coinsurance	Employer Payment	You owe HealthEZ	You owe provider
South Lake Pediatrics	1113771	09/29/1998	62.00	17.11	44.89			15.00		29.89	29.89	29.89	15.00	0.00
Office Visit			62.00	17.11	44.89			15.00		29.89	29.89	29.89	15.00	0.00
Total														
Remarks														

Patient: MARTHA														
Provider/	Claim Number	Service Date(s)	Billed Amount	HealthEZ Discount	Allowed Amount	Not Covered	See Remark	Patient Copay	Patient Deductible	Balance	Patient Coinsurance	Employer Payment	You owe HealthEZ	You owe provider
Metropolitan Pediatrics	1113576	10/02/1998	49.00	5.30	43.70			15.00		28.70	28.70	28.70	15.00	0.00
Preventive Visit			15.00	1.70	13.30			0.00		13.30	13.30	13.30	0.00	0.00
Hemoglobin			64.00	7.00	57.00			15.00		42.00	42.00	42.00	15.00	0.00
Total														
Remarks														

YTD Individual Update

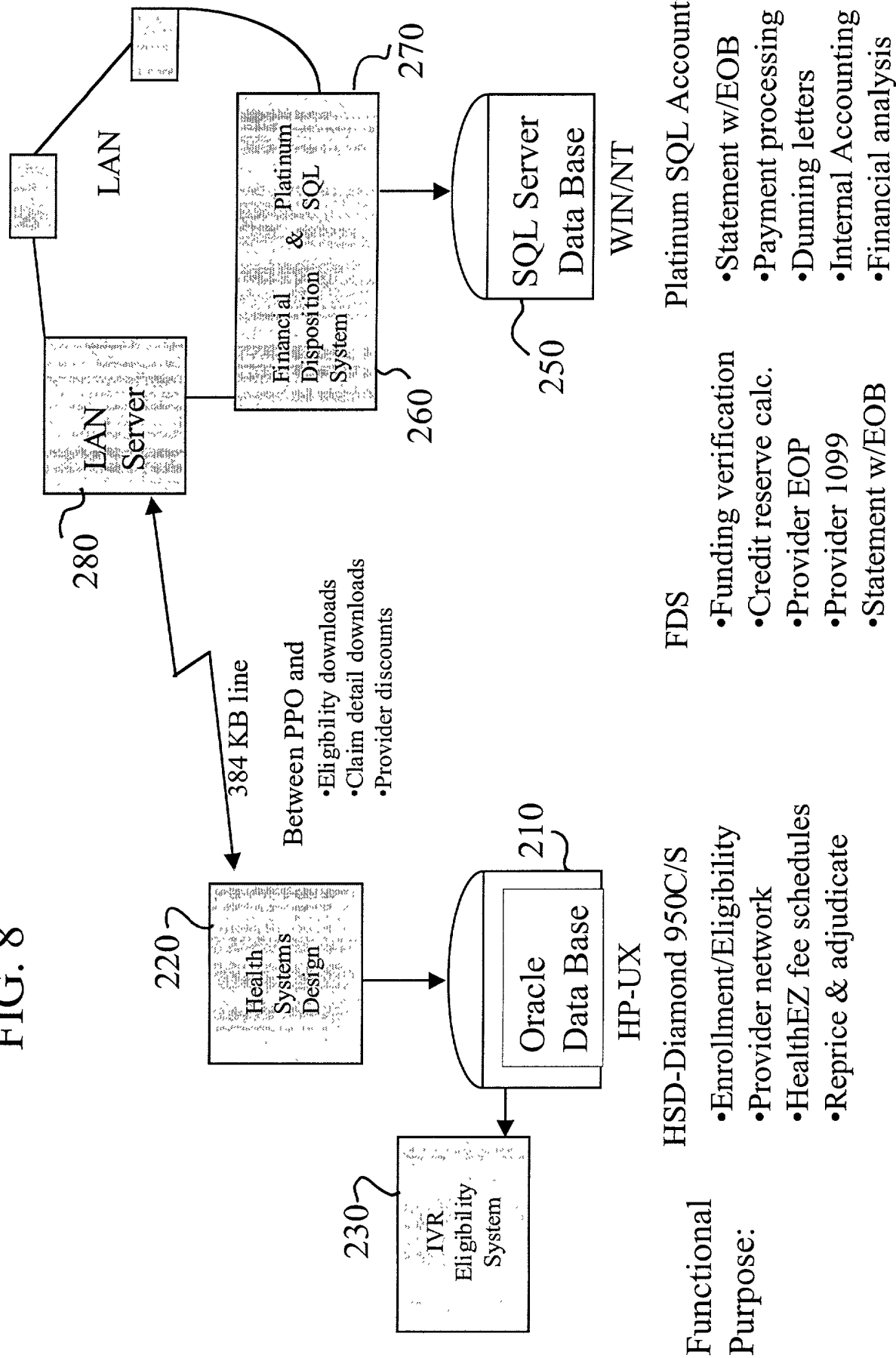
Araz Plan Individual Preferred Provider	Actual YTD Individual Preferred Provider	Araz Plan Individual Non-Preferred Provider Out-of-Pocket Amount	YTD Individual Non-Preferred Provider Out-of-Pocket Amount
JOHN	1500.00	100.00	5000.00
JANE	1500.00	250.00	5000.00
MARTHA	1500.00	175.23	5000.00
ROBERT	1500.00	83.65	5000.00
SUSAN	1500.00	52.00	5000.00


Araz Plan Preferred Provider	YTD Family Preferred Provider
3000.00	860.88
Araz Plan Non-Preferred Provider	YTD Family Non-Preferred Provider
7500.00	800.76

Amount Paid by Employer YTD - For Claims Incurred in 1998	
JOHN	655.68
JANE	1303.84
MARTHA	700.92
ROBERT	334.60
SUSAN	208.00
Family	2547.36

77.8

FIG. 8



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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	1685
	First Named Inventor	M. Thorsen
	COMPLETE IF KNOWN	
	Application Number	09 /
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Healthcare Payment, Reporting and Data Processing System and Method

the specification of which

☒ is attached hereto (Title of the Invention)

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number → ☐ Place Customer Number Bar Code Label here

☒ OR Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Robert C. Beck	28,184		
Daniel A. Tysver	35,726		
Stephanie J. Smith	34,437		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	Beck & Tysver, P.L.L.P.				
Address	1011 First Street South, Suite 440				
Address					
City	Hopkins	State	MN	ZIP	55343
Country	USA	Telephone	612-933-5042	Fax	612-933-3049

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Michael		Thorsen			
Inventor's Signature				Date	5/19/99
Residence: City	Excelsior	State	MN	Country	USA
Post Office Address	4855 Lodge Lane				
Post Office Address					
City	Excelsior	State	MN	ZIP	55331
		Country	USA		


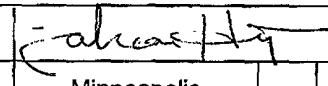
☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Mazhar				Saeed			
Inventor's Signature						5/19/99 Date	
Residence: City	Brooklyn Park	State	MN	Country	USA	Citizenship	Pakistan
Post Office Address	7009 Candlewood Circle						
Post Office Address							
City	Brooklyn Park	State	MN	ZIP	55445	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jahan				Hajiani			
Inventor's Signature						5/19/99 Date	
Residence: City	Minneapolis	State	MN	Country	USA	Citizenship	USA
Post Office Address	5432 Bryant Avenue South						
Post Office Address							
City	Minneapolis	State	MN	ZIP	55419	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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